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**RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE - EXAMINING GROUP [3700]**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventors: Zucherman, et al.
Appl. No.: 09/684,017
Confirm. No.: 9622
Filed: January 8, 2001
Title: SPINE DISTRACTION IMPLANT AND
METHOD

PATENT APPLICATION

Art Unit: 3731
Examiner: J. Woo

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to **Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on March 22, 2004.

(Attorney Signature)

Michael L. Robbins, Reg. No. 54,774
Signature Date: March 22, 2004

RESPONSE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

☒ A Response under 37 C.F.R. §1.116 to the Office Action dated January 20, 2004.

The fee associated with this communication has been calculated as shown below:

☒

No fee is required with this communication.

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A fee for extension of time for response under 37 C.F.R. §1.136 filed within _ month(s) after the original time for response of \$___ is due.

TECHNOLOGY CENTER R3700

A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity	Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>19</u> * -	<u>24</u> **	<u>-0-</u>	X \$ 9.00 X \$ 18.00	\$ -0-
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>15</u> * -	<u>18</u> ***	<u>-0-</u>	X \$ 43.00 X \$ 86.00	\$ -0-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$145.00 + \$290.00	\$
				TOTAL	\$ -0-

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$ -0- and is to be paid as follows:


 Please charge Deposit Account No. 06-1325 in the amount of \$. A duplicate copy of this authorization is enclosed.

 A check in the amount of \$ is enclosed.

✓ The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date: 3/22/04

By: 
Michael L. Robbins
Reg. No. 54,774

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